

INTENT TO ENROLL FORM

(Complete this form to use Nevada Prepaid Tuition Benefits)

| | | |
|---------------------------------|---------------------------------|------------------------|
| Purchaser's Name (Please Print) | Prepaid Tuition Contract Number | |
| Student's Name (Please Print) | Student's SSN | Student's College ID # |

STUDENT MAILING ADDRESS

| | | |
|---|-----------------------------------|----------------|
| Street Address (include apartment number) | | |
| City | State | Zip |
| Home Phone (Area Code and Number) | Cell Phone (Area Code and Number) | E-mail Address |

SCHOOL INFORMATION

| |
|--|
| Student plans to attend: <input type="checkbox"/> Fall quarter/semester <input type="checkbox"/> Spring quarter/semester <input type="checkbox"/> Winter quarter/semester <input type="checkbox"/> Summer quarter/semester Academic year: <input type="checkbox"/> 20_____ |
|--|

| | | |
|---|--|---|
| Student plans to enroll in the following Nevada State school(s): - Mark all that apply. | | |
| <input type="checkbox"/> Nevada State College | <input type="checkbox"/> College of Southern Nevada | <input type="checkbox"/> Great Basin College |
| <input type="checkbox"/> University of Nevada, Las Vegas | <input type="checkbox"/> Truckee Meadows Community College | <input type="checkbox"/> Western Nevada College |
| <input type="checkbox"/> University of Nevada, Reno | | |

PRIVATE SCHOOL OR OUT-OF-STATE COLLEGE OR UNIVERSITY INFORMATION

| | | |
|--|------------|----------------|
| Name of college or university student plans to enroll in and attend: | | |
| College or University Billing Contact: | | |
| Street Address: | | |
| City | State | Zip |
| Phone Number | Fax Number | E-mail Address |

BENEFICIARY (STUDENT) ACKNOWLEDGMENT OF INFORMATION RELEASE

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I authorize the Nevada Prepaid Tuition Program to disclose my personal identification information, including Social Security Number, and any other account or invoice information necessary to make payment arrangements to any institution designated by the purchaser above. By signing below, I certify that the information provided on this form is true and correct to the best of my knowledge and will remain in effect until further notice.

Beneficiary's Signature

Date

PURCHASER ACKNOWLEDGMENT OF ENROLLMENT

As the purchaser, I authorize the Nevada Prepaid Tuition Program to pay the college listed above on behalf of the beneficiary. **I acknowledge a one-time fee of \$25 is due for the first quarter or semester for which tuition is paid to an eligible private or out-of-state school.** The fee of \$25 must be paid each time the beneficiary transfers to a new private or out-of-state school (NAC 353B.500).

Purchaser's Signature

Date



NVPrepaid.gov

PLEASE RETURN THIS FORM NO LATER THAN **JUNE 6, 2014** TO:

The Nevada Prepaid Tuition Program
555 E. Washington Ave., Suite 4600, Las Vegas, NV 89101

Fax: 702-486-3246

Email: prepaidtuition@nevadatreasurer.gov

Failure to return this form by June 6, 2014 may result in a delay in the processing of your Nevada Prepaid Tuition Benefits.